## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:			<del></del>				
		Total F	ee Calcul	lation	1			
	Fee Cade	Tacil # Clirims	Number Extra	- X	Fee _	Fee	•	Total
,	Sm./Lg.				Sm. Entity	LinEgury		
Busic Filing Fee	201/101						•	
Total Claims >20	203/103	-20	•	х		<u> </u>		
Independent Claim: >]	202/102	$\frac{2}{2}$ .1	-	Х			•	
Mult. Dep Claim Present	204/104	•						
Surcharge	205/105	•				130	•	•
English Translation	119 .							
TOTAL FEE CALCULA	NOITA						_	
Fees due upon filing t	he application.			•	,			
Total Filing Fees Due	= S		820				-	
Less Filing Fees Subm	iiπed - \$	·		_			•	
BALANCE DUE	= 5	(	320					
	Nu	A						
Office of Initial Patent	Examination	<del></del>						
FORM OIPE-RAM-01 (Rev	v. 12/97)	l· i	gure 7					

BEST AVAILABLE COPY

Application or Docket Number

Effective December 29, 1999  O  O  O  O  O  O  O  O  O  O  O  O									151			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED NUMBER EX		REXTRA	RA	ſΕ	FEE		RATE	FEE				
BASIC FEE							345.00	OR		690.00		
TOTAL CLAIMS					X\$	9=		OR	X\$18=			
INDEPENDENT CLAIMS						X39	)=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+13	Λ_			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									OR		090	
						TOT	AL		OR	TOTAL	<u>ک</u> /ک	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMA	\LL i	ENTITY	OR	OTHER SMALL	•	
AMENDMENT A		REM A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•		Minus	**	=	X\$	9=		OR	X\$18=	
AME	Independent	*		Minus	***	=	X39	<del>)</del> =		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	0=		OR	+260=	
								OTAL FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		REN A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**	=	X\$	9=		OR	X\$18=	
AME	Independent	*		Minus	***	=	X3:	9=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR								+260=	-			
							T(	OTAL			TOTAL	
		(Co	lumn 1)		(Column 2)	(Column 3)	ADDIT.	FEE		0.,	ADDIT. FEE	
၁		С	LAIMS		HIGHEST				ADDI-	1	· ·	ADDI-
AMENDMENT (		A	MAINING IFTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓΕ	TIONAL		RATE	TIONAL
N N	Total	*		Minus	**	=	X\$	9=		OR	X\$18=	
WE	Independent	•		Minus	***	=	X39	<del></del>		OR	X78=	
Ľ	FIRST PRESE	NTATI	ON OF M	ULTIPLE DEI	PENDENT CLA	IM	-	•		OH		<del> </del>
	If the entry in only	mn 1 in	less than t	he entry in colu	mn 2 write "O" is	column 3	+13		·	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												